

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>005657</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/13/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>SANDERS GLEN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>334 S CHERRY ST</b> <b>WESTFIELD, IN 46074</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for a State Residential Licensure survey. This visit included the investigation of Complaint IN00151094.</p> <p>Complaint IN00151094: Substantiated. No deficiencies related to the allegation are cited.</p> <p>Survey dates: August 11, 12, and 13, 2014</p> <p>Facility number: 005657 Provider number: 005657 AIM number: N/A</p> <p>Survey team: Janet Stanton, R.N.--Team Coordinator</p> <p>Census bed type: Residential--108 Total--108</p> <p>Census payor type: Medicaid Waiver--25 Other--83 Total--108</p> <p>Residential Sample: 8</p> <p>Sanders Glen was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential survey.</p> <p>Quality Review was completed by Tammy Alley RN on August 18, 2014.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE